

DEPARTMENT OF CHILDREN AND FAMILY SERVICES WAIVER OF LIABILITY

This waiver of liability pertains to the request of the following news agency:

(name of newspaper, radio, or television station and media representative)

for an interview and/or photographs (still or video pictures) for a news feature concerning:

(topic of news article or broadcast)

I understand that the _____
(DCFS division/bureau/section/unit)

is acting only as the intermediary, making it possible for the above-identified news agency to contact me.

As such, I relieve and agree to hold the _____
(DCFS division/bureau/section/unit)

free and harmless from any and all liability arising out of the interview or photography session, and any subsequent publication or broadcast.

I understand that the interview/photographs are being done with my consent to the above-identified news agency, and so assume full responsibility.

Signature of Client or Other Person

Date

Signature of Parent or Guardian

Date

Signature of Witness

Date